

Enter and View Visit

Penrhyn Surgery
June 2025



Contents

Visit Details	3
Enter & View Overview	4
Purpose of the Visit	5
Summary of Findings	6
Methodology	8
Background	10
Environment – Observations External and Inside the Practice	12
Accessibility	14
Staffing	15
User Experience and Efficiency in Booking Systems	17
The Four Pillars of Good Care	20
• Accessible Care	21
• Competent Care	22
• Person-Centred Care	23
• Trustworthy Care	24
Patients' Experience of GP Practice Treatment and Care	25
Case Study	28
Conclusions and Recommendations	29
Recommendations	30
Service Provider Response	32
Distribution and Comment	33

Visit details

Service address	2 Penrhyn Ave London E17 5DB
Service Provider	Penrhyn Surgery
Service description	GP Practice
Status of visit	Announced
Date and Time of visit	19 th June & 2 nd July 2025
Authorised Representatives	Aiyshwarya Avasare – Enter and View Authorised Representative Amaar Azmat – Enter and View Authorised Representative Veronica Neblett – Enter and View Authorised Representative Bishnu Nash – Enter and View Authorised Representative Joyce Osei – Authorised Representative Enter and View
Contact Details	www.healthwatchwalthamforest.co.uk info@healthwatchwlthamforest.co.uk
Declarations of interest	None

Acknowledgements

Healthwatch Waltham Forest would like to thank the service provider, service users and staff for their cooperation and hospitality in hosting this visit. We welcome all contributions to this Enter and View programme.

Enter & View

Enter & View is a statutory power conferred upon Healthwatch by the Health and Social Care Act 2012. It gives Authorised Representatives of Healthwatch Waltham Forest the right to enter and observe publicly funded health and social care services in the Borough. Enter & View visits are visits and not inspections.

They are used to get a lay perspective on the service concerned and are an opportunity for service users to talk about their experiences of the service. A report of each visit is produced which includes any recommendations for change or improvement arising from the visit. This is shared with the service prior to publication.

All Healthwatch Waltham Forest Authorised Representatives undergo training and background checks before joining the Enter & View programme.

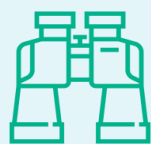
Disclaimer

This report relates only to the service viewed on the date of the visit and is representative of the views of the service users, visitors and staff who contributed to the report on that date.

Purpose of the visit

The Enter & View programme is part of Healthwatch Waltham Forest's role under the 2012 Health and Social Care Act. It allows us to visit local health and care facilities to see how services are delivered and gather feedback from patients and staff. These visits are carried out by trained Healthwatch representatives, ensuring that everyone's privacy and dignity are respected.

The visit to Penrhyn Surgery had several goals:



- To understand patients' experiences at the surgery and how they feel about the care they receive.
- To observe how staff interact with patients and carers in the surgery.
- To share our findings with the surgery to help improve its services.
- To highlight any examples of excellent care that could serve as a model for others.

We also looked at care delivery through the lens of the Four Pillars of Good Care, which reflect what matters most to patients:

1. Accessible Care: Are booking systems, services, and facilities easy for everyone to use?
2. Competent Care: Are staff knowledgeable and thorough? Do they have the tools they need to deliver quality care?
3. Person-Centred Care: Does the practice treat people as individuals, considering all their needs and providing joined-up services?
4. Trustworthy Care: Do patients trust the staff and feel heard, respected, and supported when raising concerns?

This visit is part of Healthwatch's mission to ensure that the voices of local people help shape the future of healthcare. By focusing on booking systems, staff interactions, and accessibility, this report provides practical recommendations to improve patient experiences at Penrhyn Surgery.

Summary of Findings

This Enter and View visit to Penrhyn Surgery was carried out to understand patient experience, observe how services are delivered, and gather insight into what is working well and where improvements may be needed. Our team of Representatives spoke to patients about their experience using the service, observed the service delivered to patients, and considered the practice information provided by staff.

Many patients expressed confidence in the clinical care they received. They described staff as professional, respectful, and attentive, and said they felt safe and listened to during their appointments. The majority felt that the current mix of in-person and remote consultations worked well for them, and survey results indicated that patients expressed trust in the clinical team. Patients also referred to the wider offer at the practice. Alongside routine appointments, there were health-promotion events, a gardening club which supported wellbeing and reduced isolation, and a Patient Participation Group (PPG) which provided a structured way for patients to share their views and contribute to shaping services.

While the overall picture was positive, the visit also highlighted challenges. Some patients still found it difficult to secure an appointment at the first attempt, particularly at peak times. When this happened, they often relied on NHS 111 or retried the next day. The telephone system had improved since the introduction of a call-back function, which reduced average waiting times, but demand continued to create pressure. Online booking through Klinik, the practice's digital consultation system, worked for many, but some patients said they had never used it or were not aware of its function. Support for communication was in place, including a portable hearing loop, Easy Read materials and translated information on the website, but these were not always clearly visible or widely known by patients. The practice had also updated its website to make information clearer and easier to navigate, contributing to patient engagement and an increase in NHS App registrations during 2025.

Overall, patients valued the quality of the care they received and noted improvements made to the service, including the telephone call-back system, the

refurbished building with more consulting space, website updates to improve accessibility, and clearer booking processes. Care was delivered by a range of staff, including clinical roles such as pharmacists and care coordinators, with community-based initiatives providing additional support beyond consultations. The findings indicated that the practice had taken steps to respond to patient needs and to strengthen access, while also highlighting where further improvements could make services more consistent and accessible for all.

Methodology

This planned Enter & View visit to Penrhyn Surgery took place over two days to observe one of their clinics and complete patient and staff interviews. This approach enabled us to capture a broader range of patient experiences and speak with individuals attending the practice at different times of the day. The visit was arranged in advance with the Practice Manager, who supported us in preparing for the visit.

Informing Patients and Staff

To ensure patients and staff were aware of the visit:

- Posters and leaflets were displayed in communal areas of the practice at least one week prior.
- Staff were provided with information booklets to help explain the purpose of the visit to patients.
- Patients were informed they could have a relative or carer present during interviews if they wished.



Focus Areas of the Visit

Our visit explored key areas of patient care:

1. Booking Systems: Assessing how easy it is for patients to book appointments.
2. Accessibility: Reviewing the practice's physical accessibility and support for patients with additional needs.
3. The Four Pillars of Good Care:
 - **Accessible Care:** How effective are booking systems, waiting times, and provisions for disabled patients?
 - **Competent Care:** Are staff knowledgeable, thorough, and supported by adequate resources?
 - **Person-Centred Care:** Are services well-coordinated and tailored to individual needs?
 - **Trustworthy Care:** Do patients feel listened to and confident in the care they receive?

Activities During the Visit:

To gather evidence and observations, we undertook the following activities:

- **Introductions and Overview:** On arrival, our team introduced themselves to the Practice Manager, showed official ID badges, and explained the purpose of the visit.
- **Tour of Facilities:** The Practice Manager guided us through the practice, explaining how services operate.
- **Observations:** We assessed the environment and staff–patient interactions, focusing on:
 - Cleanliness and layout of communal areas.
 - Physical accessibility for all patients, including those with mobility or sensory impairments.
 - How staff communicated and engaged with patients.
- **Patient and Staff Interviews:** We spoke with a variety of patients and staff members using structured questionnaires to ensure consistency.
- **Questionnaires:**
 - **Patient Questionnaires:** Focused on booking systems, care experiences, and suggestions for improvement.
 - **Staff Questionnaires and Interviews:** Captured staff perspectives on delivering care and working conditions.
 - **Supplementary Staff Interviews:** Two staff members unavailable during the visit were interviewed via video calls.

Post–Visit Discussions

When the visit concluded, initial observations and the next steps were shared with the Practice Manager. This provided an opportunity for the practice to be informed of the process following the visit.

Background

Penrhyn Surgery is situated in Walthamstow, within the Chapel End ward in the London Borough of Waltham Forest. It operates under the North East London Integrated Care Board (ICB) and is part of the Forest Eight Primary Care Network (PCN). The practice is located in a residential area with good visibility from the street and serves the local community from modernised, refurbished premises.

As of 7 June 2025, the practice had a registered list of 8,612 patients. The demographic profile is broadly balanced between men (50.2%) and women (49.8%). The largest age groups are 30–39 (21%) and 40–49 (19%), with smaller but important proportions across both younger and older cohorts. The patient population is ethnically diverse: 53.7% White, 18.7% Black, 17.8% Asian, 4% Mixed, and 3% Other. This reflects the diversity of the wider local area.

The practice team is multi-disciplinary. It includes seven GPs (two partners, three salaried doctors, and two GP trainees), a full-time practice nurse (with recruitment underway for a second nurse), and a range of Additional Roles Reimbursement Scheme (ARRS) staff. These roles comprise a clinical pharmacist, physiotherapist, social prescriber, three care coordinators, and a mental health practitioner. A trained administrative team supports call handling, booking, and general practice operations. The service is also a training practice, supporting the development of GP trainees.

The surgery is open Monday to Friday, 08:00 to 18:30, with appointments available until 18:20 on most weekdays and until 12:50 on Thursdays. Extended access is provided through the Waltham Forest GP FedNet service, which offers evening and Saturday appointments for patients needing flexibility outside of routine hours.

In addition to its core NHS services, the practice provides a range of additional and enhanced services. These include child health surveillance, contraceptive care, cervical screening, immunisations and vaccinations, NHS Health Checks, long-term condition management, musculoskeletal clinics, safeguarding services, and structured medication reviews. Support is also available for older people, patients with mental health needs, including dementia, and people whose

circumstances make them vulnerable. Services are delivered through a combination of GPs, nursing staff, care coordinators, pharmacists, physiotherapy, and social prescribing. Community-based services such as the gardening club, the Patient Participation Group (PPG), and health promotion programmes are also in place and are considered further in later sections of this report.

The practice operates from refurbished premises that have doubled clinical capacity, expanding from five to ten consulting rooms. Upgrades include an improved disabled toilet, step-free access, and redesigned patient areas. These changes have increased space for the growing clinical team and improved accessibility for patients.

Environment and Observations of the Practice

External Environment

The building is visible from the road, with clear signage identifying it as Penrhyn Surgery. The main entrance is at the front of the building and provides level access via a ramp. Handrails are fitted, and the entrance design reflects recent refurbishment that has increased the practice's capacity and upgraded facilities.

Parking and Access

There are free short-stay parking bays near the surgery, including designated disabled spaces. It was noted that signage for the disabled parking bays could be clearer, which would support patients with mobility needs. Step-free access is provided through the main entrance ramp, allowing patients using wheelchairs to enter without difficulty.

Internal Environment

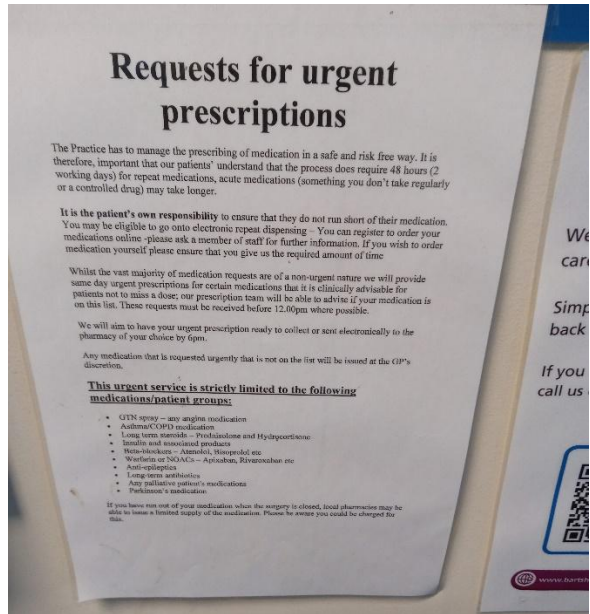
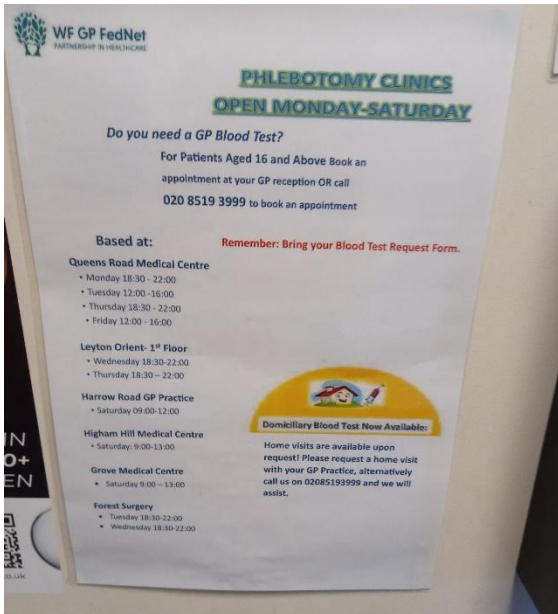
The reception and waiting area was observed as clean, uncluttered, and well maintained. Seating was arranged to accommodate different needs, with space for wheelchair users and mobility scooters. Prams, buggies, and non-mobility scooters were not permitted inside the building following health and safety, infection control, and fire risk assessments. A buggy park was provided outside the surgery, and a bicycle rack was available for cycle users.

Seating was arranged to accommodate different needs. A disabled toilet was available for patient use, and consulting rooms were located on the ground floor with step-free access. Refurbishment has doubled the number of consulting rooms, increasing space for both patients and staff. The practice also provides a private area for patients using the self-check health machine.

Observations

Patient information was displayed in the waiting area, including posters and leaflets about services and health promotion campaigns. Healthwatch Waltham Forest Enter and View visit posters were visible at the time of our visit, informing patients of the purpose of our team's presence.

Our team observed that the overall environment supported patient access and use of services. Practical areas for improvements were identified, including clearer visibility of the hearing loop system, dementia-friendly signage and wayfinding, and more explicit identification of disabled parking spaces. These adjustments would support patients with additional communication and accessibility needs.



Accessibility

The Practice provides a range of routes for patients to access services, including telephone, online consultation forms, the NHS App, and in-person reception during core hours. Evening and weekend appointments are available through the borough-wide extended access service. Patients described the system as generally workable, with most satisfied with the balance of in-person and remote consultations, though some reported the need to rely on NHS 111 or retry later when appointments were unavailable.

Telephone access

A cloud-based telephony system with a call-back function was introduced in 2024. Practice records show average waiting times had reduced to around nine minutes by May 2025. The system is designed to reduce queuing and missed calls, though peak times remain a pressure point for patients. Feedback from interviews also indicated that some patients continued to find booking appointments challenging, and that awareness of the alternative online system varied. This suggests that while the telephone system has improved, patient experience of access remains mixed.

Online and digital access

Non-urgent requests are submitted via Klinik, an online consultation form available during a set daily window (11:00–14:00, with a shorter window on Thursdays). Forms are reviewed the same day, and where clinically required, appointments are offered—typically within two weeks, and often sooner. Patients who do not use the online system are able to access services via telephone or in-person routes. During the visit, some patient feedback indicated that not all patients were aware of or used the online route, reflecting variation in experience.

In-person access

The reception is open during surgery hours for patients who prefer to attend in person. Our team observed that patients were able to queue, check in, and make requests directly at the desk. Seating and layout were organised to manage patient

flow steadily during the visit. Feedback from the visit also indicated that a small number of patients sometimes experienced difficulties securing an appointment this way, showing some variation in experience across booking options.

Accessible Communication

The Practice offered language translation services, with posters displayed in reception, the waiting area, and consulting rooms to make patients aware of this support. During our visit, of the patients interviewed, one person required an interpreter. A portable hearing loop was also available, although it was noted that signage highlighting its availability could be clearer in terms of benefiting patient access. The practice website included Easy Read and translated information, providing additional support for patients with communication needs.

Staffing

Clinical staff

Penrhyn Surgery is supported by a multi-disciplinary clinical team. At the time of the visit there were seven GPs in post, including two partners, three salaried GPs, and two GP trainees. The practice employs a full-time practice nurse, with recruitment underway for a second nurse. A number of Additional Roles Reimbursement Scheme (ARRS) staff are also in place: a clinical pharmacist, a physiotherapist, three care coordinators, a social prescriber, and a mental health practitioner. These roles support prescribing, long-term condition monitoring, musculoskeletal care, and links to wider community resources.

Non-clinical staff

The non-clinical team provides reception, call handling, and administrative support. They are responsible for registering patients, processing prescription requests, managing online forms, and coordinating with clinical staff to ensure patient queries and booking requests are appropriately triaged.

Training and development

Penrhyn Surgery is a training practice, providing placements for GP trainees. Staff reported receiving induction and support appropriate to their roles. The practice participates in borough-wide training, and staff described regular opportunities to contribute feedback through the Friends and Family Test, Klinik surveys, and the Patient Participation Group.

Staff challenges

During the visit, the practice described ongoing capacity and demand pressures, particularly relating to appointment requests and call handling. It was noted that these pressures contribute to peaks in workload for both clinical and administrative staff. The practice also reported incidents of abuse and discrimination directed towards staff. Our team signposted the practice to the relevant external agencies best placed to provide guidance and support in relation to these issues.

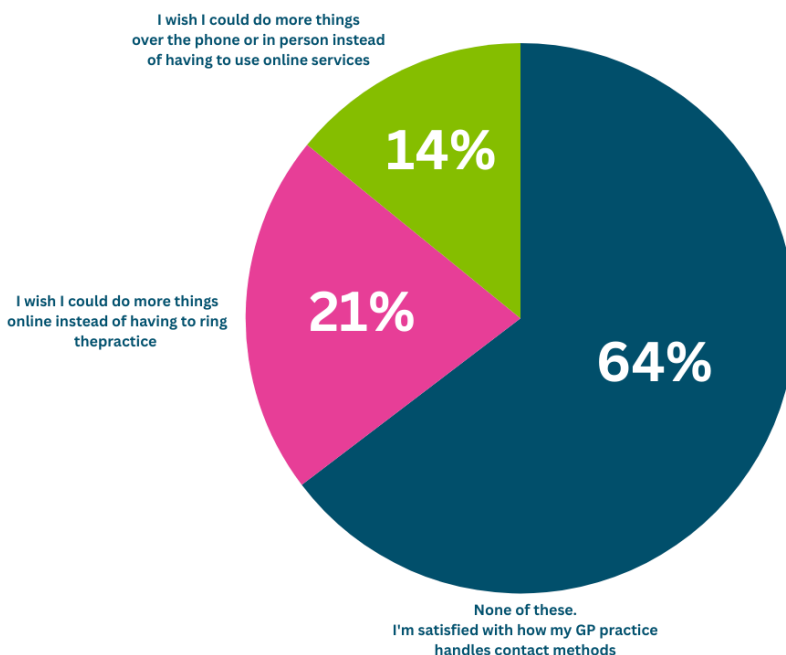
User Experience and Efficiency in Booking Systems

Phone

Patients described telephone access as workable, supported by a cloud-based system with a call-back option. Practice data shows average waits of around nine minutes in May 2025 following message and process changes earlier in the year. Most patients were satisfied with contact routes overall, though it was noted that peak times still create pressure and some patients reported having to try again later when they could not secure an appointment on first contact.

Online (Klinik)

Non-urgent requests are made via Klinik, an online form available during a daily window (11:00–14:00; shorter on Thursdays). Forms are reviewed the same day, and where clinically indicated, appointments are usually offered within two weeks, often sooner. Survey data indicates a mixed preference profile: 21% of respondents wanted more online, while 14% preferred less online/more phone or in-person.



Face-to-Face

The reception service is available during core hours for patients who prefer to book in person or need help with forms. Our team observed a steady patient flow and a front-of-house set-up that enabled face-to-face enquiries. Healthwatch Waltham Forest Enter & View posters and other patient information were visible in the waiting area.

Patient comments included:

“The surgery is a training practice. Love the building works, made a huge difference.”

“Penrhyn Surgery is a very good and important community service... very welcoming at my appointment.”

When patients could not obtain an appointment, the most common responses were to contact NHS 111 (42%) or try again the next day (33%); 25% reported calling the practice instead of going online. While 86% felt the balance between in-person and remote appointments was ‘about right’, some patients reported experiencing difficulty obtaining an appointment when they needed one.

A portable hearing loop is available, though it was noted that it could have been more clearly signposted. Findings showed the practice website to be very clear and provides Easy Read and translated information, and reasonable adjustment ‘pop-up flags’ are recorded on patient records to support staff in tailoring communication.



The practice had put in place a detailed triage protocol and reception support designed to assist groups more likely to face digital exclusion, including older people, those with mental health conditions, patients whose first language is not English, and others with specific needs. The service told us that reception staff were trained to provide additional support, and that patient records included ‘pop-up flags’ to alert staff where adjustments were required. At the time of our visit, patient feedback gathered indicated that some people had not used, or were unaware of, the online booking route. This suggests that while systems to support inclusion were in place, a proportion of patients still reported difficulties in navigating or choosing online access. It may therefore be helpful for the practice to continue exploring further ways of addressing this issue. Some practical suggestions are outlined in the recommendations section of this report.”

The Four Pillars of Good Care

The Four Pillars of Good Care were developed through The Big Conversation project, which engaged a large number of North East London residents to understand what they value in healthcare. These pillars provided a framework for assessing patient experiences at Penrhyn Surgery during our Enter & View visit. The Enter & View findings are presented against four recognised aspects of good primary care. Patients come first, followed by corroborating observations and documented practice evidence. They are:

1. Accessible Care

Focused on ease of booking appointments, digital access, provisions for disabled patients, and overcoming socioeconomic barriers.

2. Competent Care

Related to the professionalism and thoroughness of staff, the efficiency of services, and the adequacy of facilities and resources.

3. Person-Centred Care

Emphasising integrated care, continuity, and a holistic approach that considers the individual beyond their health condition.

4. Trustworthy Care

Highlighting the importance of patients feeling heard, valued, and comfortable with healthcare professionals, with clear systems for accountability.

These pillars formed the basis for gathering feedback and observations during the visit.

1. Good Care is Accessible:

Patients generally described access routes as workable, with the majority able to use the practice in ways that suited them. Survey data showed that when appointments were not available, 42% of patients contacted NHS 111, 33% tried again the next day, and 25% phoned the practice instead of using online forms. Most patients (86%) reported that the balance between in-person and remote appointments felt “about right”. Within the interview cohort, one patient required an interpreter, most were fluent in English, and a small number identified a disability. Representatives observed step-free access at the main entrance, ground-floor consulting rooms, and an accessible toilet, supported by recent refurbishment. The waiting area was uncluttered with sufficient seating for prams and wheelchairs, and patient information was displayed, including Healthwatch posters during the visit. A hearing loop was available, though signage for it was limited, and disabled parking spaces nearby could be more clearly identified. Provider information confirmed that refurbishment had doubled consulting capacity and that the practice records reasonable adjustments on patient records to prompt staff when needed.

2. Good Care is Competent:

Patients consistently reported confidence in the clinical care they received, describing consultations as respectful and safe. They said they felt able to ask questions and that advice and treatment were explained in a way they could understand. Representatives did not observe clinical interactions, but patient responses reflected a high level of trust in the skills and professionalism of staff. The practice team includes partners, salaried GPs, trainees, a practice nurse (with recruitment underway for a second), and several ARRS roles. This team structure supports proactive management of long-term conditions, medicines optimisation, musculoskeletal care, and mental health. The presence of a pharmacist and care coordinators was highlighted as enabling structured monitoring and support, ensuring patients with complex or ongoing needs could be reviewed regularly.

3. Good Care is Person-centred:

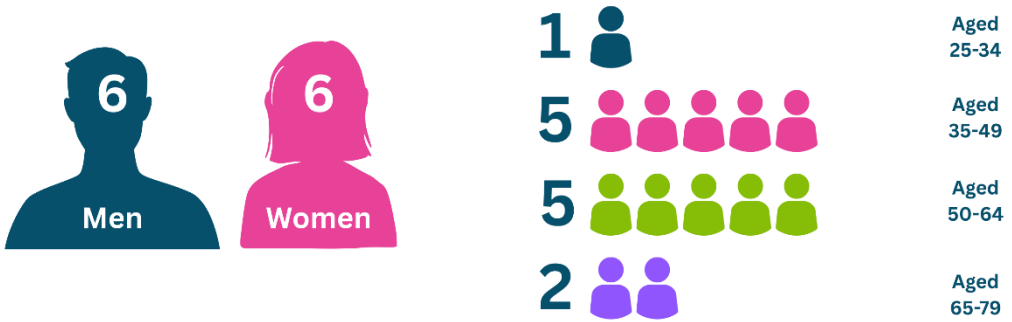
Patients described being treated with dignity and respect and felt involved in decisions about their care. Preferences varied regarding access routes, with some seeking more online contact (21%) and others preferring less online and more traditional booking routes (14%). This underlined the importance of maintaining multiple booking options so that individual needs could be accommodated. During the visit, our team noted that reception arrangements supported those who needed to book in person or required additional assistance. Practice records showed that ‘pop-up flags’ were used on patient records to highlight communication or accessibility needs. In addition, patients could be referred to social prescribing pathways, and community-focused activities such as the Patient Participation Group and the gardening club provided further opportunities for patients to shape and benefit from services. While some patients reported experiencing difficulties when booking appointments, this reflected the ongoing challenge of ensuring that access systems were fully responsive to the needs of all patient groups. The practice had a range of measures in place to support person-centred care, and continuing to explore solutions in this area was identified as a way to further strengthen that approach.”

4. Good Care is Trustworthy:

Survey data indicated that 64% of patients were satisfied with their current methods of contact. Although reliance on 111 and repeat calls shows that access pressures remain, the majority of patients continued to express confidence in the service provided. Representatives noted that service complaint information and practice leaflets were visible in the waiting area, and Healthwatch posters were displayed during the visit. Provider evidence highlighted that changes have been made in response to feedback, including a cloud-based telephony system with a call-back function (average waits around nine minutes in May 2025), a defined Klinik window with same-day review, and significant premises refurbishment. Feedback is gathered through the Friends and Family Test, Klinik surveys, and regular Patient Participation Group meetings, creating multiple channels for patients to raise views and see changes implemented.

Patients Experience of GP Practice Treatment and Care

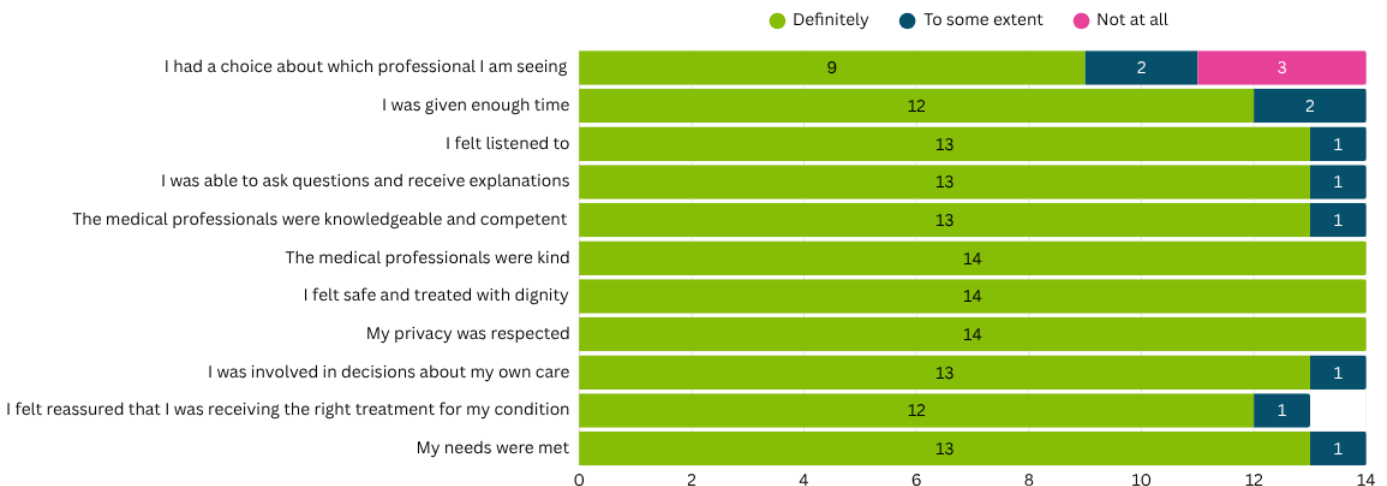
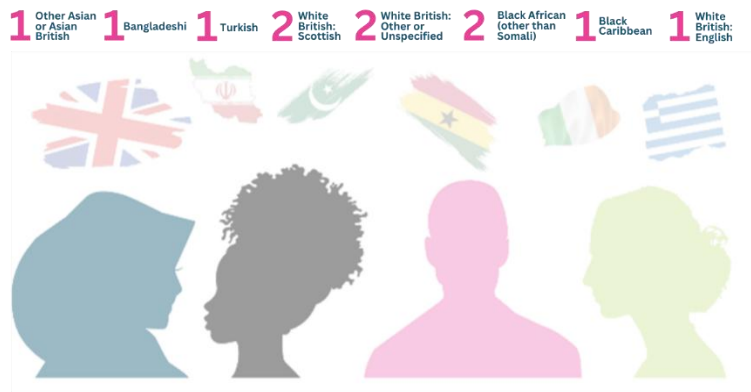
During our visit we spoke with 15 patients about their experience and care journey at the Penrhyn Surgery.



1 was not fluent in English and needed an interpreter for GP

13 were either native speakers or fluent in English

2 were disabled



Patients Experience **continued**

Patients said:



Penrhyn Surgery is a very good and important community service... very welcoming at my appointment.



This is genuinely one of the best practices around... commitment and care exemplary... some wait times extended, but service is brilliant.”



Free parking is an added bonus.



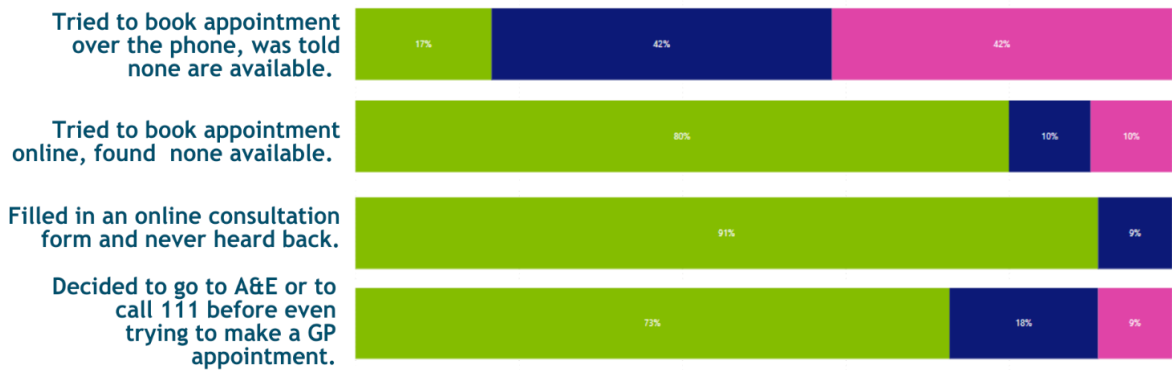
Didn't know about booking slots through the website



Patients Experience continued

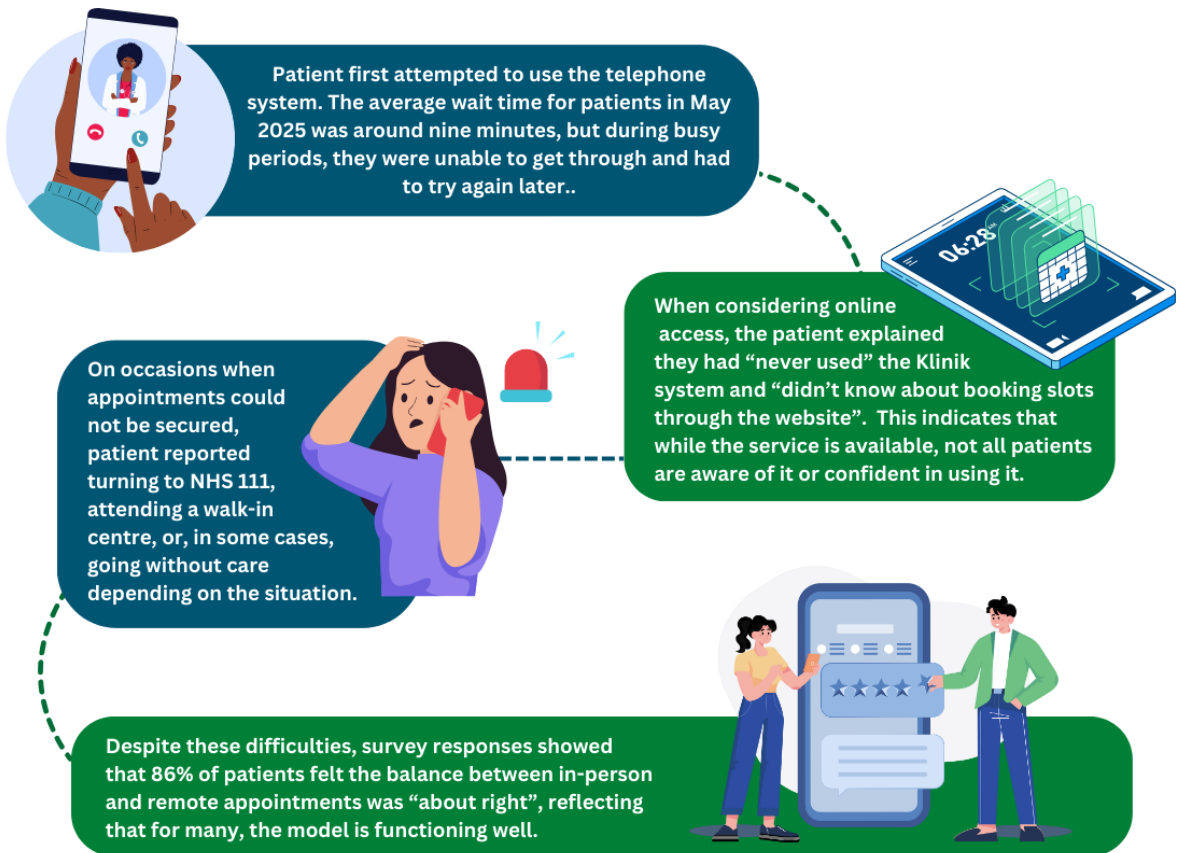
Patients told us that accessing appointments online was easier than over the phone and nearly always heard back when completing an online consultation form. It was rare that patients went to A&E before trying to make an appointment at the surgery.

● Never ● Occasionally ● Often



Case study

A patient described their experience of trying to book an appointment:



Accessing Care at Penrhyn Surgery

Key learning from this case study:

- Access routes are in place, but awareness and digital confidence vary.
- When patients cannot book, they often rely on NHS 111 or alternative services.
- Clearer communication about online systems could help broaden use, while continued monitoring of telephone demand is needed.

Conclusion:

The Enter and View visit to Penrhyn Surgery brought together the views of patients, the observations of representatives, and information from the practice to provide a rounded picture of how care was experienced. The patients we spoke to at the time of our visit valued the care they received, described feeling listened to, and expressed confidence in the clinical team. They reported that the balance between in-person and remote appointments worked well for them. The practice had introduced changes in response to patient feedback, including a cloud-based telephone system with call-back, the Klinik online booking system with set daily hours, refurbishment of the premises to expand consulting space and improve facilities, and updates to the practice website to make information clearer and more accessible. These changes supported patient engagement and strengthened digital access, reflected in the rise in NHS App registrations in 2025.

Patients also benefited from a broader range of services and activities. The Patient Participation Group (PPG) provided a structured forum for patients to contribute to decision-making, health-promotion events encouraged preventative care, and initiatives such as the gardening club helped to promote wellbeing and reduce isolation. Additional support was available for patients with particular needs through care coordinators, social prescribing, and reasonable-adjustment flags on patient records.

The visit also identified areas that required further attention. Some patients continued to find it difficult to secure an appointment at the first attempt, leading them to rely on NHS 111 or retry later. Awareness and use of Klinik varied, and not all patients were familiar with how to use the system. Communication support could have been made more visible: while a hearing loop, Easy Read materials, and translations were available, these were not consistently signposted or widely known about.

Taken together, the findings illustrated how the service related to the Four Pillars of Good Care. Services were physically accessible, though further visibility of communication support was needed. Patients reported care as clinically competent, delivered by a skilled and responsive team. Care was described as person-centred, with patients feeling respected and involved, supported further by initiatives such as social prescribing and community activities. Patients also associated the service with trust, noting improvements made in response to feedback through the PPG, website updates, and other channels.

Penrhyn Surgery had taken steps to strengthen services, and patients valued the care they received. By continuing to improve communication accessibility and supporting patients to navigate booking routes with greater ease, the practice could build on this progress to ensure care was delivered consistently and inclusively for all patients.

Recommendations

Recommendation 1

Strengthen Communication Accessibility:

Positive: Patients recognised that facilities to support communication were in place, including a hearing loop, Easy Read materials, and translated content on the website. The practice had also taken steps to improve its website to make information clearer and easier to navigate.

Gap: These resources were not always clearly visible or widely known by patients, limiting their impact. Signage for assistive technology and wayfinding could have been clearer to support people with additional needs, including patients living with dementia.

Actions:

- Ensure clear signage for the hearing loop at reception and online.
- Introduce dementia-friendly wayfinding and review internal signage to support accessibility for all patients.
- Promote the availability of Easy Read and translated materials in waiting areas and on the website homepage.
- Review accessibility features regularly with the Patient Participation Group to ensure they remain relevant and effective.

Recommendation 2

Improve navigation of booking routes and manage demand:

Positive: Patients valued having multiple ways to contact the practice, including telephone, the Klinik online booking system, and in-person reception. The call-back function had reduced average waits, and most patients were satisfied with the overall balance of in-person and remote appointments.

Gap: Some patients still found it difficult to secure an appointment at the first attempt, particularly during peak times. Awareness and confidence in using Klinik varied, with some patients unaware of how the system worked. When unable to book, patients often relied on NHS 111 or retried later, indicating demand pressures across booking routes.

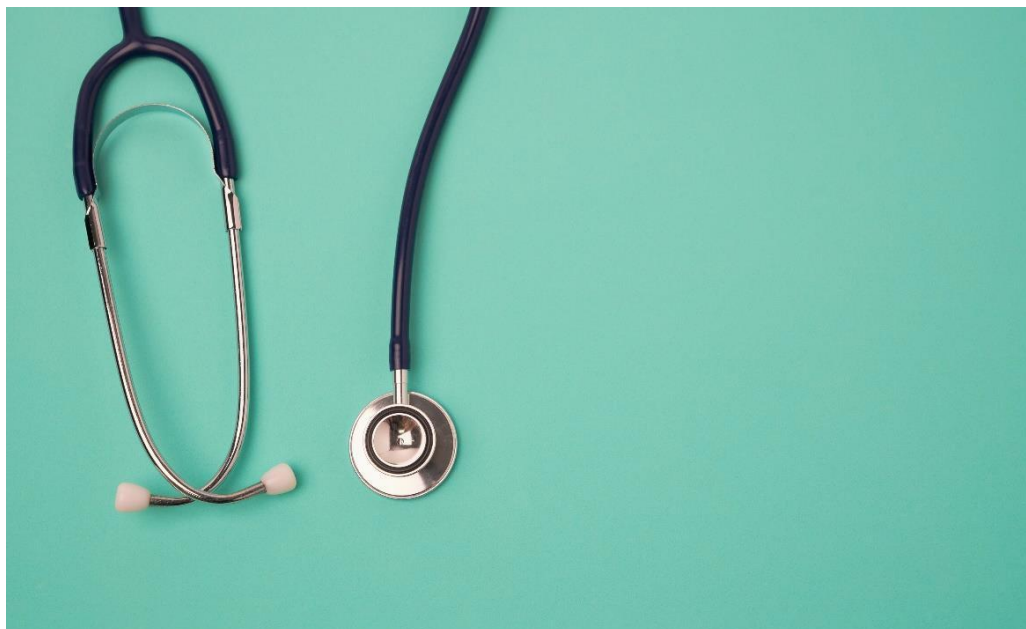
Actions:

- Provide a clear “How to book an appointment” guide, in print and online, setting out phone access, Klinik hours, extended access appointments, and interpreter support.
- Display a QR code poster in reception linking directly to Klinik and the “how to” guide, and add a single “How to get help today” tile on the website homepage.
- Offer assisted-digital support at reception for patients less familiar with online booking, with clearer signposting of this support at reception and online.
- Continue to monitor telephony data (waiting times, call abandonment, call-back use) and adjust staffing and processes at peak times, ensuring results are regularly reviewed.
- Share headline access performance with the Patient Participation Group and display regular updates in the practice and online.
- Consider a short PPG-led user test to check whether patients can find and use the online system unaided, and adjust communication accordingly.

Service Provider Response

Since your visit and before the CQC visit in July 29th we have improved our signage for portable loop, I have sent pictures as evidence. Furthermore, we have contacted all our patients who are registered deaf or have hearing problems and informed them personally on the availability of a hearing loop should they want one





Distribution and Comment

This report is available to the general public and is shared with our statutory partners – London Borough of Waltham Forest, Waltham Forest Health and Care Partnership, Healthwatch England and the Care Quality Commission.

If you have any comments on this report or wish to share your views and experiences of this or any other Health or Adult Social Care service in the borough, please contact us.



healthwatch

Waltham Forest

www.healthwatchwalthamforest.co.uk
infor@healthwatchwlthamforest.co.uk